2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

04-17-2007 90252 012 ****55.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L04000033511

1. Entity Name

PREWITT'S PRECISION PAINTING, LLC

Principal Place of Business	Mailing Address
6770 SE 135TH ST SUMMERFIELD FL 34491	P.O. BOX 1883 BELLEVIEW FL 34421

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6770 SE 135th ST	PO Box 1883
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Summerfield, FL	City & State: Belleview, FL.
Zip: 34491 Country: Marion	Zip: 34421 Country: Marion

4. FEI Number: 20-1103839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREWITT, KENNETH D
6770 SE 135TH ST
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ken Prewitt 4-6-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM PREWITT, KENNETH D 6770 SE 135TH ST SUMMERFIELD FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kenneth D. Prewitt 4-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #